



2833  
Jan

<b>FEE TRANSMITTAL</b> For FY 2005		<b>Complete if Known</b>	
		Application Number	10/530,915
		Filing Date	April 2, 2007
		First Named Inventor	Hubbard et al.
		Examiner Name	A. Gilman
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2833
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>\$ 460.00</b>	Attorney Docket No.	A4-144 CIP US

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>50-1873</u> Deposit Account Name: <u>Molex Incorporated</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any addtl. fee(s) or underpayments under 37 CFR 1.16 and 1.17 and credit any overpayments.	

<b>FEE CALCULATION</b>				
<b>1. Basic Filing, Search and Examination Fees</b>				
	Filing Fees	Search Fees	Examination Fees	Fees Paid (\$)
Utility	\$310	\$500	\$200	\$
Design	\$210	\$100	\$130	\$
Plant	\$210	\$300	\$160	\$
Reissue	\$310	\$500	\$600	\$
Provisional	\$210	\$0	\$0	\$
<b>2. Excess Claim Fees</b>				
Each claim over 20 (including Reissues)				
<u>Total Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	
-20 or HP=	x	\$50	=	\$
Each independent claim over 3 (including Reissues)				
<u>Indep. Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	
-3 of HP=	x	\$210	=	\$
Multiple dependent claims		\$370		\$
<b>3. Application Size Fee (over 100 sheets)</b>				
<u>Total sheets</u>	<u>Extra sheets</u>	<u>Number of each addtl 50 (round up to whole #)</u>	<u>Fee (\$)</u>	
-100 =	/50 =	x	\$260 =	\$
<b>4. Petition for Extension of Time Fees</b>				
Two months (37 CFR 1.17(a)(2))				\$460.00
<b>5. Other fee(s)</b>				
				\$
				\$
<b>TOTAL FEES</b>				<b>\$460.00</b>

Name (Print/Type)	Robert J. Zeitler	Registration No. 37,973	Telephone (630) 527-4884
Signature	<i>Robert J. Zeitler</i>		Date <i>July 3, 2008</i>



**FEE TRANSMITTAL**  
For FY 2005

**Complete if Known**

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-1873 Deposit Account Name: Molex Incorporated

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☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

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